



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

October 5, 2007

Malynda Seiler, Administrator
Gardens Living Center, LLC, The
1135 9th Street
Idaho Falls, ID 83404

License #: RC-873

Dear Ms. Seiler:

On August 23, 2007, an Initial Licensure survey was conducted at Gardens Living Center, LLC, The. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Karen McDannel, RN

KAREN MCDANNEL, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 11, 2007

Malynda Seiler, Administrator
Gardens Living Center, LLC
1135 9th Street
Idaho Falls, ID 83404

Dear Ms. Seiler:

On August 23, 2007, a Initial Licensure survey was conducted at Gardens Living Center, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 22, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jamie Simpson".

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2007
NAME OF PROVIDER OR SUPPLIER GARDENS LIVING CENTER, LLC, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1135 9TH STREET IDAHO FALLS, ID 83404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted at your facility. The surveyors conducting the initial survey were:</p> <p>Karen McDannel Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Garden Living Center</i>	Physical Address <i>1135 9th St.</i>	Phone Number <i>208-528-7345</i>
Administrator <i>Malinda Seiler</i>	City <i>Idaho Falls</i>	ZIP Code <i>83404-4041</i>
Survey Team Leader <i>Karen McDannel</i>	Survey Type <i>Initial</i>	Survey Date <i>8/23/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
<i>1</i>	<i>260.04a.</i>	<i>Gasoline and chemicals were not secured properly.</i>	<i>8/24/07</i>	<i>Km</i>
<i>2</i>	<i>260.04b.</i>	<i>Toxic chemicals in garage were stored by food.</i>	<i>8/24/07</i>	<i>Km</i>
<i>3</i>	<i>305.02</i>	<i>PRN medications were not available to residents as ordered by their physician.</i>	<i>8/25/07</i>	<i>Km</i>
<i>4</i>	<i>310.01</i>	<i>The facility did not have a variance for over-the-counter bulk medications.</i>	<i>8/29/07</i>	<i>Km</i>
<i>5</i>	<i>310.04.c</i>	<i>The facility did not provide tracking of behaviors for residents on psychotropic medications.</i>	<i>8/24/07</i>	<i>Km</i>
<i>6</i>	<i>451.01</i>	<i>The menus were not signed by a registered dietitian.</i>	<i>8/29/07</i>	<i>Km</i>
<i>7</i>	<i>711.01.a.b.c</i>	<i>BMPs were not completed to track residents' behaviors, interventions and effectiveness of interventions for each occurrence.</i>	<i>8/29/07</i>	<i>Km</i>

Response Required Date

9/23/07

Signature of Facility Representative

Malinda Seiler

Date Signed

8/23/07